INFORMATION NEEDED TO REGISTER IN THE COMMONWEALTH OF KENTUCKY'S "VENDOR SELF SERVICE" (VSS) SYSTEM

This form can be used to collect the data needed for registration in the Commonwealth of Kentucky's vendor database at https://eprocurement.ky.gov (click on "New Vendor Registration"). If you need assistance with this form, contact the Kentucky Procurement Assistance Program (KPAP) at (800) 838-3266. Kentucky firms wanting KPAP to input the data for you should complete and fax this form to (502) 564-5932, or mail to KPAP, Economic Development Cabinet, 23rd Floor, Capital Plaza Tower, Frankfort, KY 40601.

Before completing this form, go to https://eprocurement.ky.gov and click on "Vendor Search" to see if your company is already registered in the Commonwealth of Kentucky's vendor database. Under the heading "Guests", click on "Register" and then "Continue" to get to the "Search" function. If you are currently registered and want to review/update your company record, you will need your User Name and Password. If you do not know or have forgotten your current User Name and Password, you must have the code(s) reset. If you have questions pertaining to the resetting of your code(s), please e-mail FinanceCRCGroup@ky.gov or phone 502-564-9641.

If you plan to enter this registration yourself, you will need to turn off your "pop-up" blocker for this website to work properly.

Ma	Mandatory fields are marked by an **.					
Step 1 – Create Vendor Record						
a.	Company Website: Include http:// or https://					
b.	**Vendor Location Verification (only one is required). Choose one method that will be used to establish a password that other locations within your company will be required to use when registering a new location for your company.					
	TIN Number (Taxpayer Identification Number):					
	DUNS Number:					
	Create your own password:					
	No password required:					
c.	**Vendor Legal Business Name: Enter legal name as registered with the IRS on the W-9 form (not DBA)					
d.	Doing Business As (DBA): Complete only if your business operates under a name other than your legal business name.					
e.	Organization Type (circle one): Individual Company					
	If you select "Individual" you must provide your first, middle and last name:					

	Γ (Electronic Funds Information). If you hin this section.	would like to use	e EFT to receive your pays	ments, complete the information				
f.	Bank/Financial Institution ABA Routing Code: Call your financial institution to verify their 9-digit American Banking Association (ABA) routing/transit ID number for EFT (Electronic Funds Transfer) transactions.							
g.	Name of Your Bank/Financial Institution	n:						
h.	Your Account Number:							
i.	Type of Account (circle one):	Checking	Savings					
j.	Organization Classification (circle one):	Corporation	Sole Proprietorship	Partnership				
	Foreign	Trust	Non-resident Alien	State Government				
	Individual	Other	Other Government					
k.	Number of Employees:							
l.	Annual Income:							
m.	DUNS Number:							
Ste	Enter the percentage and number of days for example, if you want to offer a 2% distant one discount period may be entered. Example 2 – User Information							
alpl bid	a must establish a unique User ID (Login II) nanumeric. This User ID and password is rest. The User ID created here will become the thormation.	equired to log on	to VSS, update your Vene	dor information and submit online				
	**User ID:							
	**Password:							
**First and Last Name:								
	**E-mail:							
**Phone: Extension:				Extension:				
	Fax:							
	**Security Question (answer only one):							
	What is your mother's maiden name?							
	Where were you born?							
	What is your favorite color?							

a. Taxpayer ID Number: b. Tax Type (circle one): Federal Employer Identification Number (EIN) Social Security Number Step 4 – Vendor Account Administrator a. **Street Address: b. **City, State, Zip Code: c. County: d. **Principal Contact (first and last name):	
Step 4 – Vendor Account Administrator a. **Street Address: b. **City, State, Zip Code: c. County:	
a. **Street Address: b. **City, State, Zip Code: c. County:	(SSN)
b. **City, State, Zip Code: c. County:	
c. County:	
d. **Principal Contact (first and last name):	
e. **Phone Number: Extension:	
f. Alternate Phone Number: Extension:	
g. Fax Number:	
h. Alternate Fax Number:	
i. E-mail Address:	
Step 5 – Procurement Address (if different from Vendor Administrator Address) Enter the address where you would want to have orders sent to you. You may either select a previously (typically your Vendor Administrator Address) to be used as your Procurement Address or add a reprocurement Address is required for vendor registration. The e-mail address supplied here is the one to notify you of business opportunities with the Commonwealth.	new address. A
b. **Phone:	
c. Fax:d. E-mail:	
d. E-mail:e. **Mailing Address:	

$Step\ 6-Payment\ Address\ (if\ different\ from\ Vendor\ Administrator\ Address)$

Enter the address where you would want your payments sen	nt. You may either select a previously entered address to be						
used as your Payment Address or add a new address. A	Payment Address is required for vendor registration. Your						
payment address is where you will receive notification of all EFT payments sent by the Commonwealth.							

a. **Contact Name:			
b. **Phone:			
c. Fax:			
d. E-mail:			
e. **Mailing Address	s:		
Step 7 – Business Type			
Business Type (circle all th	at apply):		
African American	American Indian	Alaskan Native Heritage	Asian
Government	Hispanic	Employee	Medicaid
Non P1 Employee	Non-Profit	Female	Pacific Islander
Personal Service Contract	Regular	Small Business	Employee Vendor
Step 8 – Commodity			
Provide a detailed description of	your firm's capabilities nwealth will notify you	codes that best describe the prod using keywords or phrases to help by your Procurement e-mail addres	us identify the best fit for these

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